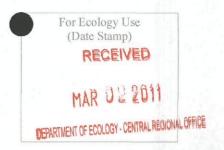


Water Resources Program Application for a Water Right Permit



SURFACE WATER	☐ GROUND WATER	PERMANENT
⊠ TEMPORARY	SHORT TERM	DROUGHT

Section 1. APPLIC	ANT			Avis on development
Applicant/Business Name: Y	akama Nation	Phone No: 509-548-9413 ext.1022206	Other No:	
Address: 7051 Highway 97				
City: Peshastin		State: WA	Zip:98847	
Email Address (optional): co	ry@mid-columbia-coho.net			
Contact Name (if different fr	om above): Cory Kamphaus	Phone No: 509-548-9413 ext.1022206	Other No:	
Relationship to Applicant: En	mployee			
Address: same as above				
City:		State:	Zip:	
Email Address (optional):				***********************
Email Address (optional):				
Legal Land Owner or Part O	wner Name of the Proposed Place of Use:	Phone No:	Other No:	
Legal Land Owner or Part O George Trustees Sharen a	nd Jim	Phone No:	Other No:	
	nd Jim	Phone No: State: WA	Other No:	
Legal Land Owner or Part O George Trustees Sharen a Address: 19960 Gilcreek Roa	nd Jim			
Legal Land Owner or Part O George Trustees Sharen a Address: 19960 Gilcreek Roa City: Leavenworth	nd Jim			
Legal Land Owner or Part Or George Trustees Sharen a Address: 19960 Gilcreek Roa City: Leavenworth Email Address (optional):	nd Jim			
Legal Land Owner or Part Of George Trustees Sharen a Address: 19960 Gilcreek Roa City: Leavenworth Email Address (optional):	MENT OF INTENT e of your proposed project: Fish Propag	State: WA	Zip:98826	podstoc
Legal Land Owner or Part Or George Trustees Sharen a Address: 19960 Gilcreek Ros City: Leavenworth Email Address (optional): Section 2. STATEM Briefly describe the purpose incubating eggs and rear anticipated length of time to	MENT OF INTENT e of your proposed project: Fish Propag	State: WA	Zip:98826	
Legal Land Owner or Part Or George Trustees Sharen a Address: 19960 Gilcreek Ros City: Leavenworth Email Address (optional): Section 2. STATEM Briefly describe the purpose incubating eggs and rear anticipated length of time to	MENT OF INTENT e of your proposed project: Fish Propaging some juveniles o complete your project: 2 years	State: WA	Zip:98826	for eacl

ECY 040-1-14 (Rev. 1-6-10) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

G4-33019

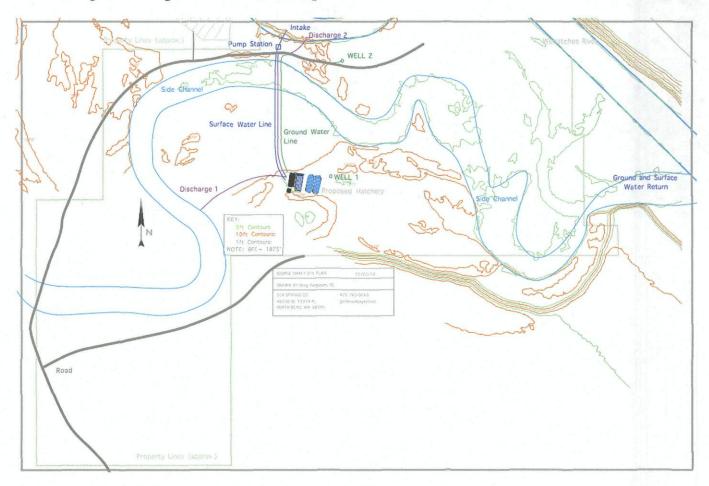
wria-45 Chelan

		TOTA	L: 1,60	00					
	erm/Tempor								_ <u>_</u>
	equest for a					ths and	l non-recurri	ing)?	S 🖾 NO
s this red	quest for a te	emporary	permit?	YES 🗌	NO				
f yes to	either questi	on above,	indicate	the dates t	hat the w	ater wi	ll be needed	:	
FROM: 1	<u>1/1/2013</u> TO	: <u>1/1/2018</u>	<u>3</u>						
	on 3. POI lete A or B,			RSION	OR W	TH	DRAWA	L	
A.) If S	Surface Wa	ater Sou	rce			B.) I	f Ground \	Water Sou	rce
☐ Spri	ng 🔲 Creek	River	Lake	;	-91-2	⊠ w	/ell(s) 🔲 O	ther:	
Othe	er:		nd all makes a suppose of a sup		encounteringer encounter				
Source	Name:					Well	diameter &	depth:8 x 10	00
						Number of proposed points of withdrawal:3 Do you have an existing well? ☐ YES ☒ NO If available, attach Water Well Report and pump test.			
Tributai	ry to:								
Number	r of proposed	d diversion	n points:						
	have an exis		•		VO		Tag ID No.		
C.) Poi	int of Diver	rsion/Wi	thdrawa	ıl – Lega	Descri				
	Parcel No.	1/	and the same of th	Sectio		nship	Range		County
27	1726200100	S			27		17E		Chelan
	Lot(s)		Bloc	k(s)		Si	ıbdivision		
	Feet (No	orth/ S	outh) and	f	eet (E	ast/	West)	ii to the near	rest section corner:
I	Parcel No.	1/2	1/4	Sectio	n Town	nship	Range		County
	Tatta		Dlas	1-(-)			h dininin		
	Lot(s)		Bloc	K(S)		51	ıbdivision		
If know	n, enter the	distances	in feet fro	om the poi	nt of dive	ersion	or withdrawa	al to the near	est section corner:
fe	eet (Nortl	h/ Sout	h) and	feet ([East/	Wes	t)		
from	the (NW	□sw □	NE S	E 🗆) corner	of Sect	ion		
					****			on a senarat	e sheet of paper.
Oo you o f no, do Provide t	wn the land you have leg	on which gal author me(s), add	the propo	osed point ce this app	of divers	ion/wi	thdrawal is l of another's	ocated?	YES NO
Sectio	n 4. PLA	CE OI	USE						
	copy of the act, propert								d) taken from a real est below.
					And the second second second second				
	T T								
1/4	1/4	Section	Twp.	Range			County		Parcel No.

SW	NW	26	27N	17E	Chelan	271726200100
Do you	own all the	lands on	which the	proposed	place of use is located? YES	⊠ NO.
					pplication for use of another's land ber: George Trustees Sharen and J	
Leave	enworth, W	/A 98826	5.			
Are ther	e any other	water ri	ghts or clai	ims associ	ated with this property or water sys	stem? YES NO
If yes, p	rovide the	water rig	ht and/or c	laim num	bers:	

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

The location of 2 of the proposed wells are shown in the diagram below. The need for and location of the other well will be determined after test wells 1 and 2 are drilled. Water will be returned to the Wenatchee River directly at Discharge 2 and through an existing side channel at Discharge 1.



Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

The proposed water system will include groundwater wells equipped with pumps and pipelines sized to provide up to

1,600 gpm to a proposed hatchery. There will be approximately 1,500 feet of buried pipeline. See the attached

GEORGE WATER SUPPLY DESCRIPTION AND IMPACT ANALYSIS for more details.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served:	Present population to be served water:
Type of connections: office and shop (e.g., home, recreational cabin)	Estimate future population to be served: (20 year projection)
C.) Water System Planning	(20 year projection)
Do you have a Water System Plan approved by the Division? YES NO	Washington State Department of Health, Drinking Water
If yes, date plan was approved//	Water System Number:
Name of water system:	
Are you within the service area of an existing wate	er system? YES NO
If yes, explain why you are unable to connect to the	e system:
Section 7. IRRIGATION/STOCKWA	ATER/OTHER FARM USES
	ATER/OTHER FARM USES
rrigation	
rrigation Cotal number of acres requested to be irrigated unde	er this application =ACRES
rrigation	er this application =ACRES
rrigation Cotal number of acres requested to be irrigated unde	er this application =ACRES
rrigation Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your objects.	er this application =ACRES
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Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your of tockwater List number and kind of stock: Stockwater List number and kind of stock: List number and kin	er this application =ACRES attached map. NO Ing interest, including only: and after December 8, 1977,
Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your of tockwater List number and kind of stock: Step the proposed project for a dairy farm? Describe all proposed uses: Calculate the acreage in which you have a controlling Acreage irrigated under water rights acquire Acreage proposed to be irrigated under this	attached map. ACRES attached map. NO Ing interest, including only: and after December 8, 1977, application, and
Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your of tockwater List number and kind of stock: Stockwater List number and kind of stock: List number and kin	attached map. ACRES attached map. NO Ing interest, including only: and after December 8, 1977, application, and
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Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your of tockwater List number and kind of stock: Step the proposed project for a dairy farm? YES Describe all proposed uses: Calculate the acreage in which you have a controlling Acreage irrigated under water rights acquired Acreage proposed to be irrigated under this Acreage proposed to be irrigated under othe step the combined acreage under existing rights greater	er this application =ACRES attached map. NO Ing interest, including only: and after December 8, 1977, application, and ar pending application(s). In than 6000 acres? YES NO
Cotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your of tockwater List number and kind of stock: Stockwater List number and kind of stock: List number and kin	attached map. ACRES attached map. In g interest, including only: and after December 8, 1977, application, and ar pending application(s). In than 6000 acres? YES NO Development Permit? YES NO

Hydropower		
Indicate total feet of heada	nd proposed capacity in kilowatts:	
Describe works:		
Indicate all uses to which power is to be applie	ed:	
	g water:	
Other Use		
Section 9. WATER STORAGE		
Will you be using a dam, dike, or other structu	re to retain or store water? YES NO	
Are you proposing to store more than 10 acre-	feet of water? YES NO	
Will the water depth be 10 feet or more? \(\sum Y\)	ES NO	
If you answered yes to any of the above question	ons, please describe:	
	of water and/or if the water depth will be 10 feet or mo , you must also complete an Application for Permit to	
Section 10. DRIVING DIRECTION	ONS	
Road. Turn left (north) on a gravel road on	ct site: From SR 2, take SR 207 north. Take right e mile from SR207	(east) on Beaver Valle
Site Address. INDITE		
Section 11. REQUIRED SIGNAT	TURES	
understand that in order to process my a site for inspection and monitoring purpos	is application is true and accurate to the best of pplication, I grant staff from the Department of ses. Even though the employees of the Department of above application, all responsibility for the accuracy.	of Ecology access to t ment of Ecology may
Print Name (Applicant or authorized representative)	Signature	2/22/11 Date
Print Name (Legal Owner or Part Owner Place of Use)	Sharen Genge atol Signature	2-22-/1 Date
Print Name (Legal Owner or Part Owner Place of Use)	Signature	Date
Print Name	Signature	Date